



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8782700	Contractual Allowance	\$28059337
Outpatient Patient Service Revenue	\$46788089	Other Deductions	\$2969715
Total Gross Patient Service Revenue	\$55570789	Total Deductions	\$31029052

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$24541737
Other Operating Revenue	\$296739
Total Operating Revenue	\$24838476

4. Operating Expenses

Salaries and Wages	\$7101410	Employee Benefits	\$2252414
Depreciation and Amortization	\$547596	Interest Expense	\$322944
Bad Debt	\$4279640	Other Expenses	\$8257294
Total Operating Expenses	\$22761298		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2077178	Total Assets	\$38781313
Net Non-operating Gains over Loss	\$3499037	Total Liabilities	\$11009297
Total Net Gains	\$5576215		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24112185	\$13819736	\$10292449
Medicaid	\$8579509	\$7567015	\$1012494
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22879095	\$6672586	\$16206509
Total	\$55570789	\$28059337	\$27511452

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$41272	\$21758	\$19514

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	12
Number of Hospital Patients Educated	874
Number of Citizens Exposed to Health Education Messages	619

Statement Six: Charity Statement

Hospital Charity Charges	\$2969715
--------------------------	-----------

	Payments from	Less Costs to	Unreimbursed Costs
--	---------------	---------------	--------------------

	Clients	Hospital	to Hospital
Charity Care	\$0	\$973583	
HCI Payments	\$0		
Subtotal	\$0	\$973583	\$-973583
Medicaid Shortfalls	\$0	\$1724761	
Subtotal	\$0	\$2698344	\$-2698344
DSH Payments	\$0		
Subtotal	\$0	\$2698344	\$-2698344
Medicare Shortfalls	\$0	\$-79049	
Other Government Programs	\$0	\$0	
Total	\$0	\$2619295	\$-2619295

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$162427	\$-162427
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0